

CLINICIAN

DUAL DIAGNOSIS CAPABILITY CHECKLIST

Suggested Reference:

Croton, G. CLINICIAN - Dual Diagnosis Capability Checklist. 2018. Albury Wodonga Health.



CLINICIAN DUAL DIAGNOSIS CAPABILITY CHECKLIST by Gary Croton, May 2018, is licensed under a [Creative Commons Attribution-NonCommercial 4.0 International License](https://creativecommons.org/licenses/by-nc/4.0/)

About this tool: This checklist and its companion tool *Agency - Dual Diagnosis Capability Checklist*¹ are a 2018 update and consolidation of a suite of free, dual diagnosis capability checklists that were web-published in 2008. ^{2a, 2b, 2c, 2d}. A further *Aboriginal Healthcare Worker – Dual Diagnosis Capability Checklist* is in preparation.

The 2018 versions are again free for any interested persons to use and web-published under a [Creative Commons Attribution-NoDerivatives 4.0 International License](#). Albury Wodonga Health wish to acknowledge the support of the Victorian Department of Health and Human Services in the development of these resources.

Terminology: This tool uses the convention '*dual diagnosis*' (England and Victoria) to refer to co-occurring mental health and substance use problems. Other terms in common use include '*comorbidity*' (Australia), '*co-existing disorders*' (New Zealand – includes gambling), '*concurrent disorders*' (Canada), '*co-occurring disorders*' (USA) and '*mental health-substance use*'. To date the latter term has mainly only been employed in journals³ and texts^{4a, 4b, 4c, 4d, 4e, 4f, 4g}. despite its strengths in being unambiguous and non-pathologising.

Purpose of this tool: The purpose of these tools is to assist workers and agencies to assess and reflect around current levels of dual diagnosis capability and to identify a few 'next-steps' in their further development of dual diagnosis capability. While both tools are formatted to assist with training needs identification this is with a strong recognition of the limitations of training and the need for a carefully designed, complementary web of strategies in order to influence complex behaviours such as the delivery of mental health and substance use treatment and support.

Who are the tools designed for? Many people working with these tools will be employed in Mental Health and Alcohol & Other Drug (AOD) settings. While the tools will have particular relevance for those workers they are designed to be useful for use by workers in ANY treatment setting which provides services to people with dual diagnosis and other complex needs.

What is dual diagnosis capability? Increasingly over recent decades healthcare workers, agencies and systems have been challenged to develop their services to more effectively meet the needs of people presenting with multiple co-occurring needs that lie outside any single agency's criteria for service. The most visible, perhaps most prevalent, of these has been the dual diagnosis of mental health and substance use concerns. A wealth of valuable work has been conducted around the definition of dual diagnosis ^{5, 6, 7, 8, 9, 10, 11, 12, 13}. to assist clinicians, agencies and systems to meet the needs of people presenting with co-occurring mental health and substance use concerns.

The definition of dual diagnosis capability that underpins these tools is '*the capacity of a worker, agency or system to routinely recognise and respond effectively to the range of co-occurring mental health and substance use concerns that people commonly present to services with*' ¹⁴. This definition was selected because it suggests a range of achievable knowledge, skills, attitudes, relationships and handrails to effective service delivery that workers or organisations may consider and, if desired, address.

This definition is accompanied by the recognition that many people with dual diagnosis- whatever the combination and severity of their concerns - are at high risk of also experiencing a range of other possible concerns and needs – i.e. *people with dual diagnosis and other complex needs*.

Using this tool: This tool has five domains:

1. Recognition of co-occurring mental health-substance use problems
2. Integrated assessment of co-occurring problems
3. Capacity to provide integrated treatment
4. Capacity to provide & facilitate collaborative treatment
5. Integration with the broader service system

Each domain has a number of criteria to consider your or your agency's achievements against. This process may be conducted either by self-assessment or through use of an external auditor - with the Clinician checklist this may perhaps be a person's supervisor.

If self-assessment is chosen for the Agency Checklist then the process should be centred on a scheduled, collective discussion involving as many team members, representing all facets of the agency, as possible. Each team member should have a hard copy of the checklist with one team member responsible for chairing the discussion and another responsible for recording scores and any actions determined by the meeting. This process usually takes 1- 1.5 hours

The strengths of a self-assessment approach most often include:

- *Richness of the collective discussion*- often a new worker may have a perspective or knowledge of some achievement that an experienced senior worker does not
- *Appropriate onus of responsibility* – the people with the ability to further develop capability are at the table weighing capability and determining whether and how to take action
- *Increase in collective self-efficacy*- as people reflect more on the fine grain of capability existing expertise and achievements are revealed and can be celebrated. This tends to increase self-efficacy about and investment in achieving next steps in dual diagnosis capability.

An external auditor approach, in which the auditor is examining and gathering evidence of achievements against the criteria, may give a more accurate snapshot of existing capability, especially on the first occasion that the tools are used.

On the final page there is a tear-off summary sheet where you can, if you wish, summarise any actions that you decide on.

Definitions and abbreviations

AOD	Alcohol and Other Drug (service)
CMH	Clinical Mental Health (service)
MH	Mental Health
MHCSS	Mental Health Community Support Services
N/A	Not applicable

Other tools: Other related tools which clinicians, agencies and systems may wish to use, instead of the Checklists, include:

- [Co-existing Problems Service Checklist](#) 2012. Te Pou. Matua Raki. New Zealand ¹⁵
- [Dual Diagnosis Capability in Addiction Treatment \(DDCAT\)](#) ¹⁶ Index is 'used to assess addiction treatment agencies on their capacity to deliver services to people with co-occurring disorders.'
- [Dual Diagnosis Capability in Mental Health Treatment \(DDCMHT\)](#) ¹⁷ is 'an adaptation of the DDCAT for application in mental health settings.'
- [Zia Tools](#) – a comprehensive array of tools to facilitate implementation of welcoming, person-/family-centred, recovery-/resiliency-oriented, integrated Systems of Care in real-world systems. An [overview of the tools is here](#). Note especially:
 - [COMPASS-EZ™](#) ¹⁸ – A self-assessment tool for behavioural health programs
 - [CODECAT-EZ™](#) ¹⁹– A self-assessment tool for behavioural health treatment and service provider staff working with adults, children, youth and families.

DOMAIN 1: Recognition of co-occurring problems

ACCESS & ENGAGEMENT: I recognise that people with dual diagnosis and other complex needs are at increased risk of falling through the gaps, of not accessing or of not having their needs met by healthcare services. My routine practice is to build engagement and provide assessment in a manner that is welcoming, respectful, culturally safe, trauma informed, strengths focused and recovery oriented.

	<i>Not Achieved</i>					<i>Achieved</i>	Currently
N/A	1	2	3	4	5		

PREVALENCE: I have a well-developed knowledge of the prevalence of co-occurring mental health and substance use problems, especially amongst people receiving specialist treatment for either concern.

	<i>Not Achieved</i>					<i>Achieved</i>	Currently
N/A	1	2	3	4	5		

SCREENING-ASSESSMENT PATHWAY: I recognise the function of screening as primarily only to provide a quick yes/no indication of whether a more detailed mental health or substance use assessment is warranted.

	<i>Not Achieved</i>					<i>Achieved</i>	Currently
N/A	1	2	3	4	5		

UNIVERSAL SCREENING: I recognise that co-occurring mental health and substance use problems may not be immediately evident - my routine practice, unless contra-indicated, is to screen all clients for co-occurring mental health and substance use problems.

	<i>Not Achieved</i>					<i>Achieved</i>	Currently
N/A	1	2	3	4	5		

CONTRA-INDICATIONS: I recognise screening and assessment as secondary priorities to my primary role of assisting people and building engagement with them, especially where they experience dual diagnosis and other complex needs - where people do not agree to screening I will defer screening. I will also defer screening when the person I am working with is intoxicated, distressed, in pain, in need of emergency treatment or acutely psychotic.

	<i>Not Achieved</i>					<i>Achieved</i>	Currently
N/A	1	2	3	4	5		

SCREENING TIMING My routine practice is to screen or assess clients for a possible co-occurring substance use or mental health problem as close as possible in time to initial assessment.

	<i>Not Achieved</i>					<i>Achieved</i>	Currently
N/A	1	2	3	4	5		

SCREENING SKILLS: I have developed skills in conducting screening to detect possible co-occurring mental health or substance use problems - including the use of sensitive questioning and specific, validated mental health and substance use screens.

	<i>Not Achieved</i>					<i>Achieved</i>	Currently
N/A	1	2	3	4	5		

SCREENING TOOLS: I have a developed knowledge of a range of validated screens that may be used to detect a possible co-occurring mental health or substance use problem.

	<i>Not Achieved</i>					<i>Achieved</i>	Currently
N/A	1	2	3	4	5		

DOMAIN 1: Recognition of co-occurring problems cont.

SENSITIVE INTRODUCTION: I have developed skills in sensitively introducing screening to persons receiving assistance with substance use or mental health assessment concerns.

	<i>Not Achieved</i>				<i>Achieved</i>	Currently
N/A	1	2	3	4	5	

COMPLEX NEEDS: I am familiar with the range of other possible concerns and needs that people with dual diagnosis are at high risk of also experiencing and have a working knowledge of screens that may be useful to detect those co-occurring needs.

	<i>Not Achieved</i>				<i>Achieved</i>	Currently
N/A	1	2	3	4	5	

RESPONSE TO POSITIVE SCREENS: Where screening is positive for a co-occurring mental health or substance use concern or other co-occurring need my usual practice is to facilitate or conduct a more detailed assessment to confirm whether the concern is actually present and to inform our joint planning of treatment goals.

	<i>Not Achieved</i>				<i>Achieved</i>	Currently
N/A	1	2	3	4	5	

Scoring	Total score Domain 1: Recognition of co-occurring problems	
	Average score: Divide total by number of criteria that were scored rather than N/A	

Actions:	Actions that I wish to take to further develop my dual diagnosis capability in this domain?
	Training needs?

DOMAIN 2: Integrated assessment

HARMS & UNWANTED OUTCOMES: I have a well-developed knowledge of the harms and unwanted outcomes strongly associated with co-occurring mental health and substance use problems.

	<i>Not Achieved</i>				<i>Achieved</i>	Currently
N/A	1	2	3	4	5	

KNOWLEDGE OF DIAGNOSTIC SYSTEMS: I have a well-developed knowledge of the (ICD10-11 &/or DSMV) criteria for both mental health and substance use disorders.

	<i>Not Achieved</i>				<i>Achieved</i>	Currently
N/A	1	2	3	4	5	

MENTAL HEALTH ASSESSMENT SKILLS: I have well developed skills in sensitively providing a mental health assessment and in encouraging clients to discuss their mental health concerns.

	<i>Not Achieved</i>				<i>Achieved</i>	Currently
N/A	1	2	3	4	5	

SUBSTANCE USE ASSESSMENT SKILLS: I have well developed skills in sensitively providing a substance use assessment and in encouraging clients to discuss their substance use concerns.

	<i>Not Achieved</i>				<i>Achieved</i>	Currently
N/A	1	2	3	4	5	

TRAUMA INFORMED ASSESSMENT: I recognise the prevalence of trauma histories amongst people with mental health and substance use concerns. I recognise that assessment may re-traumatise a person and am skilled in sensitively providing assessments around this possibility.

	<i>Not Achieved</i>				<i>Achieved</i>	Currently
N/A	1	2	3	4	5	

RECOVERY ORIENTED ASSESSMENT: When providing a mental health-substance use assessment my usual practice is to collaboratively identify a person's strengths, emphasise personal autonomy and self-determination, and to evoke personal goals and priorities.

	<i>Not Achieved</i>				<i>Achieved</i>	Currently
N/A	1	2	3	4	5	

RELATIONSHIPS BETWEEN THE CONCERNS: My usual practice when providing an assessment is to attempt to identify possible relationships between the concerns. For instance, inquiring about which concern arose first? What has the person noticed about any changes in their mental health in periods of reduced substance use or abstinence?

	<i>Not Achieved</i>				<i>Achieved</i>	Currently
N/A	1	2	3	4	5	

AGENCY'S PREFERRED ASSESSMENT APPROACHES: I am familiar with my service's preferred approach to the assessment of mental health and substance use problems. I am familiar with all relevant agency policies procedures and proformas.

	<i>Not Achieved</i>				<i>Achieved</i>	Currently
N/A	1	2	3	4	5	

SUICIDE RISK ASSESSMENT: I am skilled and confident in conducting a suicide risk assessment.

	<i>Not Achieved</i>				<i>Achieved</i>	Currently
N/A	1	2	3	4	5	

DOMAIN 2: Integrated assessment cont.

WITHDRAWAL I am skilled and confident in the recognition of symptoms of withdrawal (mild to severe) from a range of substances.

<i>Not Achieved</i>					<i>Achieved</i>	Currently
N/A	1	2	3	4	5	

STAGES OF CHANGE MODEL I have a well-developed knowledge of the Stages of Change model and routinely use the model in describing client's attitude to both substance use and mental health problems.

<i>Not Achieved</i>					<i>Achieved</i>	Currently
N/A	1	2	3	4	5	

RECORDING MENTAL HEALTH-SUBSTANCE USE DIAGNOSES: My routine practice is to record, with equal prominence, both a client's substance use and mental health diagnoses.

<i>Not Achieved</i>					<i>Achieved</i>	Currently
N/A	1	2	3	4	5	

INTERACTIONS BETWEEN CONCERNS: I have a well-developed knowledge of the range of possible interactions between co-occurring substance use and mental health problems. This includes awareness of ways in which various substances may cause or exacerbate various mental health concerns and the ways in which a range of mental health concerns may lead to or exacerbate a range of substance use concerns.

<i>Not Achieved</i>					<i>Achieved</i>	Currently
N/A	1	2	3	4	5	

COMPLEX NEEDS: I am familiar with the range of other possible concerns and needs that people with mental health and/or substance use concerns are at high risk of also experiencing. My assessment processes routinely include attempts to identify whether other concerns are present, consideration of their impact on the person's life and whether and how these needs may be addressed.

<i>Not Achieved</i>					<i>Achieved</i>	Currently
N/A	1	2	3	4	5	

NEEDS OF SIGNIFICANT OTHERS: I recognise that the significant others, of persons with dual diagnosis and other complex needs, can experience particular challenges and losses. Where possible my assessment processes include assessment of the needs of the person's significant others.

<i>Not Achieved</i>					<i>Achieved</i>	Currently
N/A	1	2	3	4	5	

DOMAIN 3: Planning integrated treatment and care

The definition of integrated treatment that informs these checklist tools is:

EITHER

One worker or team provides treatment of both problems

OR

Staff of separate agencies work together to agree and implement an Individual Treatment Plan with ongoing formal interaction and co-operation in reassessing and treating the client ²⁰

INTEGRATED TREATMENT: I have a well-developed understanding of what constitutes integrated treatment and of the possible pathways to providing or facilitating integrated treatment and care.

	<i>Not Achieved</i>				<i>Achieved</i>	Currently
N/A	1	2	3	4	5	

POTENTIAL FOR BETTER OUTCOMES: I consider that providing integrated treatment and care for both a person's mental health and substance use problems will, most often, lead to better outcomes than will addressing either problem in isolation.

	<i>Not Achieved</i>				<i>Achieved</i>	Currently
N/A	1	2	3	4	5	

COHORTS & PATHWAYS TO TREATMENT I am able to describe the principal cohorts of persons with dual diagnosis and have a developed operational understanding of where, in the service system, they are most likely to receive effective treatment.

	<i>Not Achieved</i>				<i>Achieved</i>	Currently
N/A	1	2	3	4	5	

TREATMENT PLANNING: In working with people receiving services I have well-developed skills in engaging and collaborating to jointly identify treatment priorities and strategies to achieve those goals.

	<i>Not Achieved</i>				<i>Achieved</i>	Currently
N/A	1	2	3	4	5	

INTEGRATED TREATMENT PLANNING: I have well developed skills and knowledge in, in partnership with a person receiving services, developing an in-house treatment plan that addresses both their substance use and mental health concerns.

	<i>Not Achieved</i>				<i>Achieved</i>	Currently
N/A	1	2	3	4	5	

NEEDS OF SIGNIFICANT OTHERS- In collaborating with a person in developing their treatment plan my usual practice is to introduce consideration of the particular needs of the significant others of the person receiving treatment.

	<i>Not Achieved</i>				<i>Achieved</i>	Currently
N/A	1	2	3	4	5	

DOMAIN 4: Providing integrated treatment

TREATMENT APPROACHES: I have a working knowledge of the theory of, indications for and strategies to deliver the principal, evidence-based, approaches commonly used to respond to and treat people with substance use and/or mental health concerns. These include but are not limited to:

- Brief Interventions
- Cognitive Behavioural Therapy
- Dialectical Behaviour Therapy
- Distress tolerance approaches
- Mindfulness approaches
- Motivational Interviewing
- Psychoeducation
- Relapse prevention strategies
- Relaxation and stress reduction

	<i>Not Achieved</i>				<i>Achieved</i>	Currently
N/A	1	2	3	4	5	

PSYCHOPHARMACOLOGY: I have a good working knowledge of the main classes of drugs used to treat people with mental health problems. I am able to discuss likely benefits and potential side effects of the main classes of drugs used to treat people with mental health problems.

	<i>Not Achieved</i>				<i>Achieved</i>	Currently
N/A	1	2	3	4	5	

AOD PHARMACOTHERAPIES: I have a good working knowledge of AOD pharmacotherapies including tobacco, alcohol and opiate pharmacotherapies.

	<i>Not Achieved</i>				<i>Achieved</i>	Currently
N/A	1	2	3	4	5	

PRESCRIBING FOR PEOPLE WITH SUBSTANCE USE ISSUES: I have a good working knowledge of principles to guide prescribing for persons with co-occurring dependent substance use and mental health problems

	<i>Not Achieved</i>				<i>Achieved</i>	Currently
N/A	1	2	3	4	5	

SELF-HARMING BEHAVIOURS: I have skills in managing self-harming behaviours

	<i>Not Achieved</i>				<i>Achieved</i>	Currently
N/A	1	2	3	4	5	

SUICIDAL CLIENTS: I am skilled in the immediate and longer term management of suicidal clients

	<i>Not Achieved</i>				<i>Achieved</i>	Currently
N/A	1	2	3	4	5	

PERSONALITY PROBLEMS: I have skills in responding to clients with prominent personality traits and established diagnoses of Personality Disorder.

	<i>Not Achieved</i>				<i>Achieved</i>	Currently
N/A	1	2	3	4	5	

WITHDRAWAL MANAGEMENT PLANS: I am confident in providing (or arranging for the provision of) withdrawal management plans.

	<i>Not Achieved</i>				<i>Achieved</i>	Currently
N/A	1	2	3	4	5	

DOMAIN 4: Providing integrated treatment cont.

SUBSTANCE USE OUTCOMES: My routine practice is to assess and monitor changes in client's substance use concerns.

N/A	<i>Not Achieved</i>	1	2	3	4	<i>Achieved</i>	5	Currently
------------	---------------------	----------	----------	----------	----------	-----------------	----------	------------------

MH OUTCOME MEASURES: I am skilled in using outcome measures that capture changes in client's mental health problems.

N/A	<i>Not Achieved</i>	1	2	3	4	<i>Achieved</i>	5	Currently
------------	---------------------	----------	----------	----------	----------	-----------------	----------	------------------

Scoring	Total score Domain 4: Providing integrated treatment	
	Average score: Divide total by number of criteria that were scored rather than N/A	

Actions:	Actions that I wish to take to further develop my dual diagnosis capability in this domain?
	Training needs?

DOMAIN 5: Providing & facilitating collaborative treatment

The definition of a No Wrong Door service system used by these checklist tools is: *A No Wrong Door service system is one in which individuals needing treatment are welcomed, identified and assessed and receive treatment, either directly or through appropriate referral, no matter where they enter the service system. When clients appear at a facility not qualified to provide the service that they need, those clients are welcomed and guided to appropriate, cooperating facilities, with follow-up to ensure that they have received proper care.*²¹

INTEGRATED TREATMENT PLANNING: I have a well-developed operational familiarity with, in partnership with a person receiving services, collaborating with other specialist treatment workers, agencies and sectors (including mental health and AOD) in the development of an integrated treatment plan. These plans document our arrangements for ongoing formal interaction and co-operation in working with the person.

	<i>Not Achieved</i>					<i>Achieved</i>	Currently
N/A	1	2	3	4	5		

SERVICE SYSTEM KNOWLEDGE AND UNDERSTANDING: I have a well-developed knowledge and understanding of the other healthcare sectors and services who also routinely provide services to people with mental health and/or substance use concerns. I am aware of other system's strengths and challenges in detecting and responding effectively to people with co-occurring mental health-substance use problems.

	<i>Not Achieved</i>					<i>Achieved</i>	Currently
N/A	1	2	3	4	5		

NO WRONG DOOR: I have a well-developed knowledge and understanding of No Wrong Door goals and philosophies. I recognise how my practice contributes to the further development of a local No Wrong Door service system

	<i>Not Achieved</i>					<i>Achieved</i>	Currently
N/A	1	2	3	4	5		

SECONDARY CONSULTATION: I have developed skills both in seeking and providing secondary consultation in order to provide the most effective possible response to all problems that a person may present with. Seeking and providing secondary consultation is a routine part of my practice.

	<i>Not Achieved</i>					<i>Achieved</i>	Currently
N/A	1	2	3	4	5		

SECONDARY CONSULTATION OPTIONS: I have a well-developed knowledge and familiarity with local and state-wide specialist services and clinicians able to provide secondary consultation around the treatment needs of persons with mental health and/or substance use problems.

	<i>Not Achieved</i>					<i>Achieved</i>	Currently
N/A	1	2	3	4	5		

SECONDARY CONSULTATION POLICY/PROCEDURES: I am familiar with my service's policies in regard to provision and receipt of Secondary Consultation and am clear about any duty of care I may owe to the consultee or to the client involved. I understand my obligations around confidentiality and in documenting the circumstances, purpose, content and outcomes of any secondary consultation that I have sought or provided.

	<i>Not Achieved</i>					<i>Achieved</i>	Currently
N/A	1	2	3	4	5		

DOMAIN 5: Providing & facilitating collaborative treatment

FAMILIARITY WITH OTHER SPECIALIST AGENCY'S APPROACHES TO SCREENING ASSESSMENT: I have a developed knowledge of the approach to screening for mental health and/or substance use problems used by other local mental health and substance treatment services.

N/A *Not Achieved* 1 2 3 4 *Achieved* 5 **Currently**

PROVISION OF SERVICES FROM OTHER AGENCIES: In general I am comfortable in providing services and consultation in the premises of other healthcare sectors and services who also commonly provide services to people with mental health and substance use concerns.

N/A *Not Achieved* 1 2 3 4 *Achieved* 5 **Currently**

DISPUTE RESOLUTION SKILLS I have developed skills in successfully resolving conflict should it arise with other clinicians and services around the management of clients with dual diagnosis and other complex needs.

N/A *Not Achieved* 1 2 3 4 *Achieved* 5 **Currently**

Scoring	Total score Domain 5: Providing & facilitating collaborative treatment	
	Average score: Divide total by number of criteria that were scored rather than N/A	

Actions:	Actions that I wish to take to further develop my dual diagnosis capability in this domain?
	Training needs?

References

1. Croton, G. **Agency Dual Diagnosis Capability Checklist**. 2018. Albury Wodonga Health
- 2a. Croton G. **Checklist of Dual Diagnosis Capability: Agency**. 2008. Northeast Health Wangaratta.
- 2b. Croton G. **Checklist of Dual Diagnosis Capability: Alcohol and Other Drug Worker**. 2008. Northeast Health Wangaratta.
- 2c. Croton G. **Checklist of Dual Diagnosis Capability: Clinical Mental Health Worker**. 2008. Northeast Health Wangaratta.
- 2d. Croton G., Rose, J. **Checklist of Agency Dual Diagnosis Capability: Non-Clinical Mental Health Worker**. 2013. Albury Wodonga Health
3. [Journal of Mental Health- Substance Use](#). 2008-2013. Taylor and Francis Print ISSN: 1752-3281 Online ISSN: 1752-3273
- 4a. Cooper, D. (Ed) [Introduction to Mental Health-Substance Use](#). 2010. Routledge
- 4b. Cooper, D. (Ed) [Developing Services in Mental Health-Substance Use](#). 2010. Routledge
- 4c. Cooper, D. (Ed) [Responding in Mental Health-Substance Use](#). 2011. Routledge
- 4d. Cooper, D. (Ed) [Intervention in Mental Health-Substance Use](#). 2011. Routledge
- 4e. Cooper, D. (Ed) [Practice in Mental Health-Substance Use](#). 2011. Routledge
- 4f. Cooper, D. (Ed) [Care in Mental Health-Substance Use](#). 2011. Routledge
- 4g. Cooper, D. (Ed) [Ethics in Mental Health-Substance Use](#). 2017. Routledge
5. Minkoff, K, Cline C. [Dual Diagnosis Capability: Moving from Concept to Implementation](#) 2006. Journal of Dual Diagnosis. Vol 2(2)
6. Hughes E. [Closing the Gap. A capability framework for working effectively with people with combined mental health and substance use problems \(Dual diagnosis\)](#). 2006. University of Lincoln.
7. McGovern M. et al. [Assessing the Dual Diagnosis Capability of Addiction Treatment Services: The Dual Diagnosis Capability in Addiction Treatment \(DDCAT\) Index](#). 2007. Journal of Dual Diagnosis
8. Minkoff, K. [Dual Diagnosis Enhanced Programs](#). 2008. Journal of Dual Diagnosis. Vol 4(3)
9. Logan G. **Dual Diagnosis Capability Discussion Paper** Nov. 2010. Victorian Dual Diagnosis Initiative.
10. Chambers A., et al. [The Dual Diagnosis Physician-infrastructure Assessment Tool: Examining Physician Attributes and Dual Diagnosis Capacity](#) 2010.
11. Foster, G., Logan, G., Hynan, C., Davis W. **VDDI Dual Diagnosis Capability Discussion Paper**. March 2011. Victorian Dual Diagnosis Initiative.
12. Dwyer, C., Hynan, C., Davis W., Foster, G. **VDDI Dual Diagnosis Capability Project Report** July 2011. Victorian Dual Diagnosis Initiative.
13. McGovern M. et al. [Dual diagnosis capability in mental health and addiction treatment services: An assessment of programs across multiple state systems](#). March 2014. Adm Policy Ment Health.
14. Croton G. [Potential: Australia's evolving responses to co-occurring mental health and substance use disorders](#). 2011. Submission to Senate Community Affairs Committee - Funding and Administration of Mental Health Services Inquiry. Northeast Health Wangaratta.
15. Te Pou. Matua Raki [Co-existing Problems Service Checklist](#) 2012. New Zealand
16. [Dual Diagnosis Capability in Addiction Treatment \(DDCAT\)](#)
17. [Dual Diagnosis Capability in Mental Health Treatment \(DDCMHT\)](#)
18. Cline, C., Minkoff, K. [COMPASS-EZ™ A Self-assessment Tool for Behavioral Health Programs](#). 2009 ZiaPartners
19. Cline, C., Minkoff, K. [CODECAT-EZ™ A self-assessment tool for behavioural health treatment and service provider staff working with adults, children, youth and families](#) 2009 ZiaPartners

20. [Dual diagnosis Key directions and priorities for service development.](#) 2007. Department of Health & Human Services. State of Victoria

21. Center for Substance Abuse Treatment. [Substance Abuse Treatment for Persons With Co-Occurring Disorders. Treatment Improvement Protocol Series 42.](#) 2005. DHHS Publication No. (SMA) 05-3992. Rockville, MD: SAMHSA, 2005.

Summary (tear off)

Person completing this checklist: _____

Date completed: _____

My discipline: _____

Years working in healthcare: _____

Summary of domain scores:

	Total	Average
Domain 1: Recognition of co-occurring problems		
Domain 2: Integrated assessment		
Domain 3: Planning integrated treatment and care		
Domain 4: Providing integrated treatment		
Domain 5: Providing & facilitating collaborative treatment		

Summary of identified actions:

Training needs summary:
